

STANDARD CERTIFICATE OF DEATH

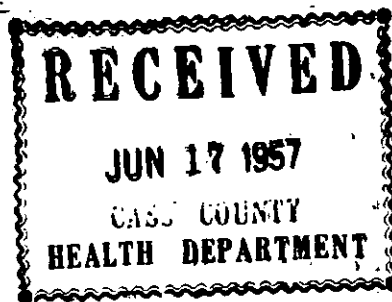
FILED JUN 19 1957

State File No. **20361**  
**87**

BIRTH NO.		REG. DIST. NO. <b>59</b>		PRIMARY REG. DIST. NO. <b>4097</b>		Registrar's No. <b>87</b>	
1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Harmonville</b>			
b. CITY (If outside corporate limits, give RURAL and give township) <b>Harmonville</b>		c. LENGTH OF STAY (In this place) <b>6 years</b>		c. CITY OR TOWN <b>Harmonville</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location)* HOSPITAL OR INSTITUTION <b>702 West Wall</b>				e. STREET ADDRESS (If rural, give location) <b>702 West Wall</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LEE</b>		b. (Middle)		c. (Last) <b>CRIM</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 7 1957</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug 21 - 1874</b>	
9. AGE (In years last birthday) <b>82</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Salesman - Retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Hatwood Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Lafayette Crim</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Campbell</b>		14. NAME OF HUSBAND OR WIFE <b>Doalla Crim</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>577-09-1471A</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Doalla H. Crim</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Semiplegia</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY <b>g</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		332X	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>June 19 1957 to 6-7-1957</b> , that I last saw the deceased alive on <b>6-7-1957</b> and that death occurred at <b>2 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Edward S. Jones</b>		(Degree or title)		23b. ADDRESS <b>Harmonville, Mo</b>		23c. DATE SIGNED <b>6-8-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 10, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Doniphan Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Doniphan Mo</b>	
DATE REC'D BY LOCAL REG. <b>June 10, 1957</b>		REGISTRAR'S SIGNATURE <b>Dora Bachman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Burnham Burns</b>		ADDRESS <b>Harmonville Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*James R. Phillips*

Licensed Embalmer No. 464

P. O. Address Harrison

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.